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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/836,625
	Filing Date	April 16, 2001
	First Named Inventor	Bruce J. ROSER
	Art Unit	1642
	Examiner Name	M. Davis
	Attorney Docket Number	263742000201

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

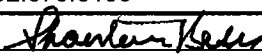
Client requested transfer

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	David R. Saliwanchik Saliwanchik Lloyd & Saliwanchik				
Address	P.O. Box 142950				
City	Gainesville	State	FL	Zip	32614-2950
Country	U.S.A.				
Telephone	352.375.8100	Email	<input type="text"/>		
Signature					
Name	Shantanu Basu	Registration No.	43,318		
Date	May 8, 2008	Telephone No.	(650) 813-5995		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.